(NPS Form 10-932) (NEW 10/00)

NATIONAL PARK SERVICE Death Valley National Park PO BOX 579

(OMB No. 1024-0026) (Expires 12/31/2006)

Death Valley, CA 92328 Application for Photography/Filming Permit

Please supply the information requested below. This information is required to evaluate your permit request. **Attach additional sheets, if necessary.** Allow at least four (4) business days for processing. A non-refundable processing fee may be required to accompany this application. There may be additional fees charged, including a location fee, and you will be required to provide proof of liability insurance.

Applicant:	Company:				
Social Security #:	Tax ID #:				
Street/Address:	Street/Address:				
City/State/Zip Code:	City/State/Zip Code:				
Telephone #:	Telephone #:				
Cell phone #:	Cell phone #:				
Fax #:	Fax #:				
Email:	Email:				
Project name:	Producer:				
Type of project:	Photographer:				
Location manager:	Director:				
Telephone #:	Insurance company:				
Cell phone #:					
TYPE OF PROJECT: Stills, editorial Stills, advertising stills, other stock photo/video/film Feature Film /TV Movie TV Series/Pilot Documentary/Travelogue Commercial Music Video Public Service Announcement Infomercial Industrial Other, explain Will there be sound recording Yes No Night work: No Yes, explain SUMMARY OF SCENE(S):					

SHOOTING SCHEDULE BY LOCATION:

DATE	LOCATION	Start Time	End Time	Interior or Exterior	FILM PREP STRIKE	# of cast & crew

Set dressing or other structures proposed: No Yes, explain

ATTACH ADDITIONAL PAGES FOR INFORMATION NEEDED TO EVALUATE YOUR PERMIT

REQUEST INCLUDING: set construction, parking, sanitary facilities, crowd control, emergency medical plan, off-road activity, trail use, or use of any building and site clean up. Include a proposed Site Plan(s).

Electrical needs, exp	olain	Generator:	No Yes, size	;	
Lighting: None	Reflectors only	Yes (explain)			
Road:		Date/time	e:	Closure re	equested
Running shots	Driving shots Dri	ive-bys Tow shots	Drive-ups & Awa	y Wet down roa	d
Camera/Equipme	nt on Road Shoulder	Camera/Equipment on n	nedian Other	r (explain)	
OPERATIONAL Number of Personne	INFORMATION: el and Vehicles:				
Total Cast & Crew _	Personal Cars	Large Trucks	Other Trucks	Vans	
Camera Car	Picture Cars	Motor homes	Dressing Rooms		
Other Vehicles (exp	lain)				
Base Camp location	:				
Catering Co. Name		Ph	ione #		
SPECIAL ACTIVE Children: None		lren Age Ra	nge		Animals:
None Yes (exp					
Trainer Nan	ne:	Phone	e #:		
Aircraft: No	Yes (explain)				
Special Effects: (ide	ntify)				
Effects Tech	nnician Name:	Phor	ne #		
License # (it	f applicable)	Perm	nit # (if applicable	e)	_
Stunts: (explain)					
Coordinator		Pho	ne #		
Any other unusual o	r hazardous activities,	explain			
Person on location	n responsible for co	ompany's adherence to a	all terms & con	ditions of a Film	Permit:
Name:		Title:		Phone:	
Person on location	n responsible for co	ordinating activities wi	ith the NPS:		
Name:		Title:		Phone:	
Person at the com	pany office to cont	act for follow up inform	nation and billi	ng:	
Name:		Title:		Phone:	
I hereby state that the statements have been	e above information g n given. All estimates	iven is complete and correct are reliable to the best of number project described above.	ct, and that no fals	se or misleading info	rmation or fals
Signature		Title		Date	
Company Name _					

Information provided will be used to determine whether a permit will be issued. Completed application must be accompanied by an application fee in the form of a cashiers check or money order in the amount of \$210.00 made payable to National Park Service. Application and administrative charges are non-refundable. This completed application should be mailed to Park address information.

Note that this is an application only, and does not serve as permission to conduct a filming project or any other use of the park. If your request is approved, a permit containing applicable conditions and regulations will be sent to the person designated on the application. The permit must be signed and returned to the park prior to the event.

The above application form is provided with the understanding that parks will insert appropriate park names and addresses and the amount of the application fee as desired

Paperwork Reduction Act Statement: This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. All the applicable parts of the form must be completed. A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Estimated Burden Statement: Public reporting burden for this form is estimated to average 60 minutes per response including the time it takes to read, gather and maintain data, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the National Park Service, Special Park Uses Program Manager, 1849 C Street NW (org. code 2460), Washington, D.C.